Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	m/ ⊐	OR	OTHER'SMALL E	
TOTAL CLAIMS			29					RATE	FEE	[RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		• 9			X\$ 9=		OR	X\$18=	1620
INDEPENDENT CLAIMS			2 minus 3 =		·			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	02.4
OTHER TH												
<u>۷"</u>	1.00	(Column 1)			mn 2) REST	Cotumn 3	5 1		ADDI-	1		ADDI-
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREV	ABER KOUSLY OFOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
OME	Total	. 29	Minus	" α	74	. —		X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	***	3]	X42=	1	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					L	J	+140=		OR	+280=	_
		٠.						TOTA		OR	YOTAL ADDIT, FEE	
ADDIT, FEE											ADDII. PEE	
<u> </u>	1.05	(Column 1)	-		umn 2) :REST	(Column 3	4		ADDI-	7		ADDI-
8		CLAIMS REMAINING AFTER		NU	MBER VIOUSLY	PRESENT EXTRA		RATE	TIONAL	.]	RATE	TIONAL
FEM		AMENDMENT			DFOR		\dashv	1/44	FEE	┨	X\$18=	FEE
AMENDMENT B	Total	. 27	Minus	888	<u> </u>	==	-	X\$ 9=	-	OR		
	Independent	* O			NT CLAIM		1	X42=	↓	OR	X84=	<u> </u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR		<u>_</u>
1000								ADDIT. FE		OF	YOTA ADDIT. FE	
1	1 , 1 h , 6)) Voetume 1	•	(Co	lumn 2)	(Column	3)					
-	V	(Column 1 CLAIMS		H	GHEST		7		ADDI-	7		ADDI-
E	-	REMAINING AFTER		PRE	UMBER VIOUSLY	PRESENT		RATE		-	RATE	TIONAL
AMENDMENT C	Total	AMENDMEN PL	Minus	P/A	10 FOR	- 10	7	X\$ 9=		T _{OF}	X\$18=	
	Total	• 2	Minus	•••	3	- 1	1	X42=	+	1	V04-	1
		ENTATION OF	MULTIPLE DE	PENDE	NT CLAIM			-	 	OF	` 	1
3 miles Tri la column 3								+140=		OF	L. TOTA	
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL												
.	"If the "Highest N The "Highest No	lumber Previously imber Previously	y Paid For IN Th Paid For (Total)	(IS SPA) or Indep	CE is less the endent) is th	ian 3, enter 10 highest nu	wpei	tound in the	appropriate	box in	column 1.	

FORM PTO-875 (Rev. 8/01)

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